

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 8

2. STATE:

MICHIGAN

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, page 27f

Supplement to Attachment 3.1-A, pgs 27c.1 and 27d  
(See Aug 15 letter  
for changes)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement to Attachment 3.1-A, page 27f

Supplement to Attachment 3.1-A, pgs 27c.1 and 27d

10. SUBJECT OF AMENDMENT:

IDEA Assessment

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Paul Reinhart  
Deputy Director for  
Medical Services  
Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Paul Reinhart

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

6/13/2003

16. RETURN TO:

Michigan Department of Community Health  
Medical Services Administration  
Program Policy Division - Federal Liaison Unit  
400 South Pine - 7th Floor  
Lansing, Michigan 48933  
ATTN: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/16/03

18. DATE APPROVED:

9/10/03

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

JUN 16 2003

DMCH - MI/MN/WI

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: MICHIGAN**

***AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

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**13d. 7) SCHOOL BASED SPECIAL REHABILITATION SERVICES**

**A. Eligible Providers**

A provider of special rehabilitation services is as defined herein and agrees in writing with the single state agency as follows:

1. to provide special rehabilitation services as prescribed by professionals acting within their scope of practice as defined by state law; and,
2. to provide special rehabilitation services in the least restrictive environment; and
3. to comply with the provisions for quality assurance specified in the state plan; and
4. to maintain and submit all records and reports to ensure compliance with the Michigan Revised Administrative Rules for Special Education.

A provider of special rehabilitation services must be approved for participation and enrolled in the Michigan Medical Assistance Program. Services are provided directly by the special rehabilitation services provider or through subcontractors.

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TN NO.: 03-08

Approval Date: SEP 10 2003

Effective Date: 10/01/2003

Supersedes  
TN No.: 91-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: MICHIGAN

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
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13d. 7) **SCHOOL BASED SPECIAL REHABILITATION SERVICES (cont)**

**B. Benefits and Limitations:**

Special rehabilitation services are evaluative, diagnostic and treatment services to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care.

IDEA Assessment means assessments of the health and medical status of individuals that are evaluations, tests and related activities performed to determine if an individual is eligible under provisions of the Individuals with Disabilities Education Act (IDEA) of 1990. These services occur regularly in the determination of eligibility under IDEA and are related to the evaluation of the functioning of the individual. These services are reimbursable only after they result in the implementation of an Individualized Education Program (IEP) or Individualized Family Services Plan (IFSP).

Special rehabilitation services include the following:

1. **Speech, Language and Hearing:** These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, for which a patient is referred by a physician as defined in 42CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; assistive technology devices and services; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.
2. **Occupational Therapy:** This service is prescribed by a physician and provided to a recipient by or under the direction of a qualified occupational therapist as defined in 42CFR 440.110(b). This service means evaluations of problems interfering with an individual's functional performance; assistive technology devices and services; and therapies which are rehabilitative, active, or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.

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TN NO.: 03-08

Approval Date: SEP 16 2003

Effective Date: 10/01/2003

Supersedes

TN.No.: 94-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: MICHIGAN

***AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

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13d. 7) **SCHOOL BASED SPECIAL REHABILITATION SERVICES (cont.)**

**B. Benefits and Limitations (cont)**

6. **Developmental Testing:** this service means medically related (not for educational purposes) testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. These services are performed by or under the direction of a licensed physician or psychiatrist; or other licensed or equivalent psychological counseling and social work staff acting within their scope of practice or other individuals certified and approved by the State Board of Education as teacher consultants for handicapped persons.
7. **Vision:** this service means communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional, training necessary to activate visual motor abilities performed by or under the direction of orientation and mobility specialists.

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TN NO. 03-08

Approval Date SEP 10 2003

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Supersedes  
TN No. 94-24